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# <sub>-om</sub> 990

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	4 F	or the 2	010 calendar year, or tax year beginning <u>MAR 1, 2010</u> and endir	ing FE	B 28, 20	<u> 11                                   </u>		
E	- 3 ch	neck if	C Name of organization	r	Employer ide	ntificati	on number	
	ap	plicable	NEBRASKA STATE BANDMASTERS ASSOCIATION	1				
	$\overline{}$	Address change	C/O JOANN COUTON - NEUMANN HIGH SCHOOL					
		Name	Doing Business As		23	_709	3080	
	<del> </del>	Jchange ]initial	<del></del>				3000	
	<u></u>	return Termin-	1	m/suite   E	E Telephone nur		440 4454	
	느	ated	202 S. LINDEN	<u>_</u>	(4	02)	443-4151	
	<u> </u>	Amended return	City or town, state or country, and ZIP + 4		Gross receipts \$		110,029.	
		Applica- tion	WAHOO, NE 68066	1	H(a) Is this a grou	up retun	1	
		pending	F Name and address of principal officer:RANDY NEUHARTH		for affiliates	?	Yes X No	
			801 E. BENJAMIN, NORFOLK, NE 68702	- 1	H(b) Are all affiliate	s include	d? Kes No	
-	ı Ta	ax-exem	pt status: 501(c)(3) _X 501(c)( 6 ) ◀ (insert no.) 4947(a)(1) or	527			(see instructions)	
-	$\overline{}$		► N/A		H(c) Group exem		•	
_							ate of legal domicile: NE	
			summary	L Teal UI	Tormation, 190	Z W S	ne or legal domicile. 14 24	
L	<u> </u>			A CIE C	CIIDDODM	VOII	mtt	
	9		iefly describe the organization's mission or most significant activities: ENCOURA	AGE &	SUPPORT	YOU	TH	
	Governance		NSTRUMENTAL MUSIC				<del></del>	
	ra	2 Ch	eck this box 🕨 📖 if the organization discontinued its operations or disposed of	of more t	han 25% of its n	et asset		
	8	3 Nu	imber of voting members of the governing body (Part VI, line 1a)			3	11	
8		4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)			4	0	
2011	ଷ୍ଟ ଓ	5 To	tal number of individuals employed in calendar year 2010 (Part V, line 2a)			5	0	
6/3	iţie		tal number of volunteers (estimate if necessary)		• •	6	0	
₫ņ	Activities					7a	0.	
	¥					<del>                                     </del>		
OCI	$\dashv$	D INE	t unrelated business taxable income from Form 990-T, line 34	<del>. i .</del>		7b	0.	
ð					Prior Year	<del>_   -</del>	Current Year	
	9		ontributions and grants (Part VIII, line 1h)	·		0.	1,819.	
Mi -	Revenue		ogram service revenue (Part VIII, line 2g)	·	11,66		<u>11,759.</u>	
₹ <b>5</b>	<u>§</u>	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		91	7.	<u>550.</u>	
$\approx$	-	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,16	1.	4,850.	
SCANNED.		<b>12</b> To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,740. 18,978			
<i>Y</i> ?)			ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.	
			enefits_paid_to_or_for_members (Part IX, column (A), line 4)			0.	0.	
		11				0.	0.	
	Expenses	10 0	larles, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	· · · · · · · · · · · · · · · · · · ·	0.		
	ē		ofessional fundraising fees (Part IX, column (A), line 11e)	·	····	<del>'                                     </del>	0.	
	훘	150: TO	tal-fundraising expenses (Bart IX, column (D), line 25)	<u>•</u>		<u> </u>	44 665	
	۳		her expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		22,94		11,667.	
		18 To	stal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,94		11,667.	
_		19 R	venue less expenses Subtract line 18 from line 12		-8,20	8.	7,311.	
	Assets or Balances	<u> </u>		Begi	nning of Current Y	ear	End of Year	
-	au	<b>20</b> To	otal assets (Part X, line 16)		67,95		75,261.	
	A§		otal liabilities (Part X, line 26)			0.	0.	
1			et assets or fund balances. Subtract line 21 from line 20		67,95		75,261.	
Ī	Pa		Signature Block	L	01,55	0 •1	73,201.	
			es of perjury, I declare that I have examined this return, including accompanying schedules and	d etatemer	nte and to the heet	of my kr	owledge and ballof it is	
		-				OI HIY KI	owieuge and belief, it is	
	uue,	correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer n	las any kilowieuge.	11		
			Signature of officer		Date	<i>97   6</i>	90 il	
,	Sigr	י ו			Date	•		
	Her	₽	RANDY NEUHARTH, PRESIDENT					
			Type or print name and title		· · · · · · · · · · · · · · · · · · ·		<del></del> -	
		Į P	rint/Type preparer's name   Preparer's signature   \lambda \la	Da	ite Chec	* 📖	PTIN	
	Paid		GEORGE E. NELSON	<u> </u>	9/09/11 sett-	employed		
		<u> </u>	irm's name MASSMAN NELSON REINIG PC	1	Firm's Eth		····	
		<u> </u>	irm's address 13310 "I" STREET			_		
	- <b></b>		OMAHA, NE 68137		Phone no	(11	2)_330-7099	
	Mar	the IPC	discuss this return with the preparer shown above? (see instructions)		I i none no	. , 20		
	iviay	THE INS	discuss this return with the preparer shown above? (see instructions)			<u></u>	X Yes No	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Statement of Program Service Accomplishments   Check if Schedule O contains a response to any question in this Part III	
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expensive Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant allocations to others, the total expenses, and revenue, if any, for each program service reported.  (Code: ) (Expenses \$	
the pnor Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$	
the pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant allocations to others, the total expenses, and revenue, if any, for each program service reported.  COORDINATE & SPONSOR BAND AND YOUTH MUSIC CONTESTS AND PER  BAND AND YOUTH MUSIC CONTESTS AND PER  COORDINATE & SPONSOR BAND AND YOUTH MUSIC CONTESTS AND PER  COORDINATE & Including grants of \$	. Ves X No
Describe the exempt purpose achievements for each of the organization's three largest program services by expense Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant allocations to others, the total expenses, and revenue, if any, for each program service reported.  Code:	☐ Yes X No
4a (Code:) (Expenses \$	
COORDINATE & SPONSOR BAND AND YOUTH MUSIC CONTESTS AND PER    Code:	e \$ )
	FORMANCES.
4c (Code:) (Expenses \$ including grants of \$) (Revenue	) )
4c (Code:) (Expenses \$including grants of \$) (Revenue	
4c (Code:) (Expenses \$including grants of \$) (Revenue)	
4c         (Code:) (Expenses \$) (Revenue	
	ie \$)
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of \$ ) (Revenue \$  4e Total program service expenses >	)

Page 3

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ŀ
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			ĺ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			1
	If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b> </b>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.7
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		- T
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13	<del>                                     </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>^</u>
U	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	<del> </del>	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<u></u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u>L</u>	Х
<b>2</b> 0a		20a	L	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	<u> </u>

23-7083080 Form 990 (2010) C/O JOANN COUTON - NEUMANN HIGH SCHOOL Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . ..... 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a . . ... .. . . ... . b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X . ...... Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ....... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ... X ... . Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I . . . . . . 31 . .. .. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . X X Is any related organization a controlled entity within the meaning of section 512(b)(13)? ...... 35 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \_ Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 <u> 36</u> 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

37

X

C/O JOANN COUTON - NEUMANN HIGH SCHOOL

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes." enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ... ... ... ... 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ... .. .... 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 74 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII. line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? .... 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

23-7083080

C/O JOANN COUTON - NEUMANN HIGH SCHOOL Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions,  $\mathbf{x}$ Check if Schedule O contains a response to any question in this Part VI ... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 11 1a 0 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? .. ........ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? ..... 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to fine 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. \_\_\_\_ Another's website X Upon request \_\_ Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

JOANN COUTON C/O NEUMANN HIGH SCHOO - (402)-443-4151 68066

202 S. LINDEN, WAHOO, NE

C/O JOANN COUTON - NEUMANN HIGH SCHOOL

23-7083080

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average			(C Posi				( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week (describe				hat	арр		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоусе	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
STEVE STEAGER										
PRESIDENT ELECT	ļ	<u> </u>				_		0.	0.	0
RANDY NEUHARTH								_	_	_
PRESIDENT	ļ	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0
BRAD WEBER									_	_
PAST PRESIDENT	1	<u> </u>		<u> </u>			<u> </u>	0.	0.	0
JOANN COUTON							1	_		_
TREASURER	-	$\vdash$	<u> </u>		_			0.	0.	0
WHITNEY JONES		ļ						_		
SECRETARY		├	<u> </u>	<u> </u>	_		-	0.	0.	C
	-			-						
	-									
			<u></u>						<u> </u>	
					-		-			
	-	-				<u> </u>				
	<u> </u>									
	i	1	1	I	I	1	1	I	l	

C/O JOANN COUTON - NEUMANN HIGH SCHOOL

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(A) Name and title		(B) Average			(C Posi	) ition	)		(D) Reportable	(E) Reportable			(F) imate	 d
		hours per week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee			Highest compensated &		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	,	comp fro orga and	ount content outline o	tion e on ed
												-		
			 									· ·		
													· - <u></u>	
									'					
1b Sub-total									0.		0.			0.
c Total from continuation d Total (add lines 1b and	sheets to Part VI 1c)	I, Section A	· ··	••	<u></u>		<b>&gt;</b>		0.		0.			0.
Total number of individual compensation from the compensation		ot limited to th	ose	liste	ed at	bove	e) wh	no re	eceived more than \$100	),000 in reportable	e 		Yes	0 No
3 Did the organization list a line 1a? If "Yes," complete	te Schedule J for s	uch individual					•••					3		х
<ul><li>4 For any individual listed of and related organizations</li><li>5 Did any person listed on</li></ul>	s greater than \$150	0,000? If "Yes,	•∞	mple	ete S	Sche	edule	e J f	or such individual			4		х
rendered to the organiza Section B. Independent Con	tion? If "Yes," com					-						5	<u> </u>	X
Complete this table for y     the organization	NONE	mpensated in	depe	ende	ent c	onti	racto	ors t		\$100,000 of com	pens			
N	(A) ame and business	address						_	(B) Description of s	services	С	(C omper		1
							-						<u> </u>	
												_		
2 Total number of indepen \$100,000 in compensation		_	ot i	mite	d to		se li:	sted	I above) who received r	nore than				
w roo,coo iii compensatii	nom me organi					- '			<del></del>				200	

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Form 990 (2010)

Form 990 (2010) C/O JOANN COUTON - NEUMANN HIGH SCHOOL

Statement of Revenue Part VIII (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from tax under exempt function business sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b 1,819. c Fundraising events 1c d Related organizations . . . ..... 1đ e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1,819. h Total. Add lines 1a-1f **Business Code** 900099 11,759 11,759. Program Service 2 a MEMBERSHIP DUES f All other program service revenue 11,759. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 550 other similar amounts) 550. Income from investment of tax-exempt bond proceeds 4 Royalties .... (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 1,819. of contributions reported on line 1c). See Part IV, line 18 . . . 95,901 **b** Less: direct expenses 91,051. 4,850. 4,850. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns b Less: cost of goods sold . c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue .. ...... e Total. Add lines 11a-11d 18,978. 12 Total revenue. See instructions. 0. 0. 17,159.

# NEBRASKA STATE BANDMASTERS ASSOCIATION C/O JOANN COUTON ~ NEUMANN HIGH SCHOOL

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D),

	7 til Otrior Organizations mast com				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	225.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other			<u></u>	
12	Advertising and promotion	000			
13	Office expenses	238.			
14	Information technology				
15	Royalties				
16	Occupancy	104	·		
17	Travel	184.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	515.			
19	Conferences, conventions, and meetings	213.			
20	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered		<u> </u>		
	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)		_		
а	DOTAMINA AND DUDI TOURIO	6,122.			
b	INSURANCE	1,979.			
c	PLAQUES	899.			
d	DIRECTORIES	890.			
e	WEBSITE SOFTWARE	512.			
f	All other expenses	103.			
25	Total functional expenses. Add lines 1 through 24f	11,667.			
26	Joint costs. Check here   If following SOP				
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				

Form 990 (2010)

Pai	τX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	67,950.	1	75,261.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventones for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	67,950.		75,261.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
<u>:</u>		highest compensated employees, and disqualified persons. Complete Part II			
_	1	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	<u> </u>	26	<u> </u>
		Organizations that follow SFAS 117, check here and complete			
ĕ	07	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	]	27	
<u>la</u>	27			28	
8	28	Temporarily restricted net assets		29	
Ę	29	Organizations that do not follow SFAS 117, check here		25	
Ē		complete lines 30 through 34.			
٥ ي	30	Capital stock or trust principal, or current funds	0.	30	0.
se	i '	Paid in or capital surplus, or land, building, or equipment fund	0.		0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	67,950.		75,261.
Se	33	The state of the s	67,950.		75,261.
	34	Total liabilities and net assets/fund balances	67,950.		75,261.
	<del>)"</del>	Total habilities and flet assets/futio balances	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13,201.

NEBRASKA STATE BANDMASTERS ASSOCIATION

C/O JOANN COUTON - NEUMANN HIGH SCHOOL 23-7083080 Page 12

Description of Net Assets

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18	8,9	<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	1,6	67.
3	Revenue less expenses. Subtract line 2 from line 1	3	·	7,3	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6'	7,9	50.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7.	5,2	61.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	· • • • • • • • • • • • • • • • • • • •			
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			·	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	О.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	·	3ъ		

Form 990 (2010)

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NEBRASKA STATE BANDMASTERS ASSOCIATION C/O JOANN COUTON - NEUMANN HIGH SCHOOL

Employer identification number 23-7083080

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	•
	for chantable purposes and not for the benefit of the donor of	• •	•
	Impermissible private benefit?		· · · · · · Yes No
Par		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat		rtified histonic structure
	Preservation of open space	Treservation of a cer	tined historic structure
0	Complete lines 2a through 2d if the organization held a quali	find concentration contribution in the form	a of a consequation exception to the last
2		ned conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a 	Total acreage restricted by conservation easements		2b
D	· · ·		2c 2c
Ç	Number of conservation easements on a certified historic st		•
d	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic struc	I i
_	listed in the National Register		2d
3	_	seased, extinguished, or terminated by tr	le organization during the tax
	year >	somestic located	
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
5			Yes No
_	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		•••
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) abo		
8		ve satisfy the requirements of section 17	Ves No
_	and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation.	· · · · · · · · · · · · · · · · · · ·	
9	include, if applicable, the text of the footnote to the organization	•	
		ation's inidiricial statements that describes	s the organization's accounting for
Par	conservation easements t III   Organizations Maintaining Collections of	of Art Historical Treasures or (	Other Similar Assets
	Complete if the organization answered "Yes" to Form		7.000to.
12	If the organization elected, as permitted under SFAS 116 (A		ement and halance sheet works of art
10	historical treasures, or other similar assets held for public ex	· ·	
	the text of the footnote to its financial statements that described		and of public service, provide, arr are xiv,
_	If the organization elected, as permitted under SFAS 116 (A		nt and halance shoot works of art, historical
D	treasures, or other similar assets held for public exhibition,	-	
		sucation, or research in furtherance or p	dolic service, provide the following amounts
	relating to these items:		<b>▶</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X		P D
2	If the organization received or held works of art, historical tre		iai gain, provide
_	the following amounts required to be reported under SFAS		<b>~</b> c
a	Revenues included in Form 990, Part VIII, line 1		. • • • • • • • • • • • • • • • • • • •
D	Assets included in Form 990, Part X		<b>&gt;</b> \$

		NN COUTON								) Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Othe	er Simil	<u>ar Asse</u>	<b>ts</b> (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a si	gnificant	use of its	collection	n items
	(check all that apply):									
а	Public exhibition	d	ı 🗀 i	_oan or excl	hange progra	ams				
ь	Scholarly research	е	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's or	ollections and explai	n how th	ev further ti	ne organizati	on's exer	mot ouro	ose in Par	t XIV	
5	During the year, did the organization solicit of								. ,	
	to be sold to raise funds rather than to be ma								Yes	□ No
Par	t IV Escrow and Custodial Arran									
<u> </u>	reported an amount on Form 990, Pa		cie ii iiie	organizatio	ii aiiswcied	163 10	1 01111 330	, i cativ,	iii ie 3, 0i	
4-			diam i far	oontribution	o or other co	ooto oot	upoli idod	<del> </del>		<del></del>
ıa	Is the organization an agent, trustee, custod					seis noi	incidaea		٦٧	
	on Form 990, Part X?				••••			. ∟	<b>Yes</b> ■	L∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the to	bliowing 1	able:						<del></del>
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						」Yes	L No
	If "Yes," explain the arrangement in Part XIV						<del></del>			
Par	t V   Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) P	nor year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses						_			
d	Grants or scholarships							_		
е	Other expenditures for facilities				l					
	and programs								1	
f	Administrative expenses									
g	End of year balance					i			<u> </u>	
2	Provide the estimated percentage of the year	r end balance beld :	as.		<b>'</b>					
-	Board designated or quasi-endowment									
b	Permanent endowment									
C										
	Are there endowment funds not in the posse	-	ation the	at are held a	nd administe	ered for t	he organi	zation		
Ģ	by:	5551011 Of the organiz	auon un	a a o noio a	ara administr	3100 101 1	ne organ	Zation	[	Yes No
	(i) unrelated organizations								20/3	Tes No
		•••				•		• •	3a(i)	
	(ii) related organizations			 				• •	3a(ii)	
	If "Yes" to 3a(ii), are the related organization	•		· ·					3b	
Bar	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipn									
Lital				T		<b>/-&gt;</b>		- 4	/-N D-	t
	Description of investment	(a) Cost or o			or other		ccumulat	i	( <b>d</b> ) Boo	k value
	14	basis (invest	nient)	Dasis	(other)	i de	preciation	<u>'                                    </u>		
	Land				•	<del> </del>				
b	Buildings					-				
C	Leasehold improvements					<u> </u>	-		<del></del>	
	Equipment									
<u>e</u>	Other			<u> </u>		L				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010 C/O JOANN COUTON - NEUMANN HIGH SCHOOL

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
stal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			······································
Part VIII Investments - Program Related.	See Form 990 Part Y line 13		
		(c) Method of valuatio	n'
(a) Description of investment type	(b) Book value	Cost or end-of-year market	
/1)	<del> </del>		
(1)	+		<del> </del>
(2)	<del> </del>		<del></del>
(3)	<del>                                     </del>	<del></del>	
(4)	<del> </del>		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a	i) Description		(b) Book value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)	<del></del>		
(7)			
(8)			
(9)			
(10)			
(10)			· -
· · · · · · · · · · · · · · · · · · ·	. 45)		
otal. (Column (b) must equal Form 990, Part X, col (B) in		···· · · · · · · · · · · · · · · · · ·	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X	K, line 25.		
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability	K, line 25.	Amount	
Part X Other Liabilities. See Form 990, Part X, col (B) In (a) Description of liability  (1) Federal income taxes	K, line 25.	Amount	
ptal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)	K, line 25.	Amount	
Part X Other Liabilities. See Form 990, Part X, col (B) In (a) Description of liability  (1) Federal income taxes	K, line 25.	Amount	
Part X Other Liabilities. See Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes	K, line 25.	Amount	
Part X Other Liabilities. See Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes  (2)  (3)	K, line 25.	Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	K, line 25.	Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	K, line 25.	Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	K, line 25.	Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	K, line 25.	Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	K, line 25.	Amount	
otal. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	K, line 25.	Amount	

	dule D (Form 990) 2010 C/O JOANN COUTON - NEUMANN HIGH SCHO		23-708308	0 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	ncial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1	L8,978.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1	1,667.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		7,311.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		7,311.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per l	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	••		
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b		7	
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIV.)		7	
e	Add lines 2a through 2d		7 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	• • • • • •		
	Investment eveness not included an Form COO Dort VIII line 7h			
h	Other (Describe in Part XIV.)		7	
	Add top 4 and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses pe	r Return	
		0.1000 po	4	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>	
2	Developed and the second control of the States			
a 5			┪	
0	Otto:		1	
d	011 / 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<b>i</b> i	
e			<b></b>	
3	Subtract line On from line d		2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•	
7	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a h	Other (Describe in Part XIV.)		1	
0	Add lines 4a and 4b		ا ۵۰ ا	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	4c   5	
,	t XIV Supplemental Information	<del></del>	1 9 1	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; F	Port IV/ Impe	1h and 2h: Port V	fine 4: Dort
Λ, ΙΙΙ Ι	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to pr	Ovide any ac	Junional Informatio	41.
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			. <u></u>	
-	<del></del>		<u> </u>	

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

NEBRASKA STATE BANDMASTERS ASSOCIATION

**Employer identification number** 

C/O JOA	<u>NN COUTON - NEUMAN</u>	N H	<u>TGH</u>	SCHOOL	<u> 23-7083</u>	<u> </u>	
Part I Fundraising Activities. required to complete this part	. Complete if the organization answet.	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	flers are not	
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p oviduals or entities (fundraisers) pursu	tion of tion of fundra (includation	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes		
(i) Name and address of individual or entity (fundraiser)			Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
	,						
		<u> </u>					
Total	<u> </u>		<b>•</b>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is exempt from r	egistration	
					-	-	
	<u> </u>					<del></del>	

C/O JOANN COUTON ~ NEUMANN HIGH SCHOOL 23-7083080 Page 2 Schedule G (Form 990 or 990-EZ) 2010 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events MARCH CONCERT BAND (add col. (a) through 3 CONVENTION FESTIVAL col. (c)) (total number) (event type) (event type) 18,315. 2,150. 76,955. 97,420. 1 Gross receipts .... 1,100 719 1,819. 2 Less: Charitable contributions 2,150. 17,596. 75,855. 95,601. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 7 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) <u>95,601</u> 11 Net income summary. Combine line 3, column (d), and line 10. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, Ine 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes . . Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) ... 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

	NEBRASKA STATE BANDMASTERS ASSOCIATION
	edule G (Form 990 or 990-EZ) 2010 C/O JOANN COUTON - NEUMANN HIGH SCHOOL 23-7083080 Page 3
	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
	Indicate the percentage of gaming activity operated in:
	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
	of gaming revenue retained by the third party >\$
c	If "Yes," enter name and address of the third party
	Name
	Address >
16	Gaming manager information.
	Name
	Coming manager componenties • C
	Gaming manager compensation > \$
	Description of services provided
	Director/officer Employee Independent contractor
	Mandatory distributions:
ā	Is the organization required under state law to make charitable distributions from the gaming proceeds to
_	retain the state gaming license?
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Ds	organization's own exempt activities during the tax year ► \$  Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,
<u> </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NEBRASKA STATE BANDMASTERS ASSOCIATION C/O JOANN COUTON - NEUMANN HIGH SCHOOL

Employer identification number 23-7083080

C/O DOIMIN COOTON NEGITARIN MICH DEMOCE 25 7005000
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS A
NOT-FOR-PROFIT ASSOCIATION WITH MEMBERS. THE MEMBERS ELECT THE MEMBERS OF
THE GOVERNING BODY AS WELL AS APPROVE SIGNIFICANT DECISIONS OF THE
GOVERNING BODY. HOWEVER, THEY DO NOT RECEIVE A SHARE OF THE ORGANIZATION'S
PROFITS OR EXCESS DUES, NOR WILL THEY RECEIVE A SHARE OF THE ORGANIZATION'S
NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION.
FORM 990, PART VI, SECTION A, LINE 7A: APPROVAL OF THE APPOINTMENT OF
EXECUTIVE BOARD MEMBERS REQUIRES A MAJORITY VOTE BY GENERAL MEMBERS IN
ATTENDANCE AT THE GENERAL MEMBERSHIP MEETINGS.
FORM 990, PART VI, SECTION A, LINE 7B: THE EXCUTIVE BOARD MAKES
RECOMMENDATIONS TO THE GENERAL MEMBERS AT GENERAL MEMBERSHIP MEETINGS FOR
CHANGES TO THE BYLAWS AND MEMBERSHIP DUES RATES. THESE CHANGES ARE VOTED ON
BY THE GENERAL MEMBERS IN ATTENDANCE AND REQUIRE A MAJORITY VOTE TO BE
APPROVED.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. ANY DECISIONS MADE ARE
APPROVED AT A FORMAL BOARD MEETING AND DOCUMENTED IN THE BOARD MINUTES.
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FORM 990 IS
PRESENTED TO THE DIRECTOR OF THE ORGANIZATION FOR APPROVAL. UPON APPROVAL,
THE FINAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

Schedule O (Form 990 or 9					_	
Name of the organization		STATE BANDMI COUTON - N				Employer identification number 23-7083080
				DCIIOO	<u> </u>	23 7003000
ANNUAL GENERAL	L MEMBERSH	IIP MEETING.		· — · · · · <u>_</u> · <u>_ · · · · </u>		
	··· - · · · · · · · · · · · · · · · · ·					
FORM 990, PART	r VII CONT	ACT ADDRESS	SES FOR	OFFICERS, 1	DIRECTO	ORS, ETC:
STEVE STEAGER	_ 540 .TOE	INCON DD FE	PM∩NT	NT 69025		
RANDY NEUHARTI	H - 801 E	BENJAMIN, N	ORFOLK,	NE 68702		
BRAD WEBER -	611 W 7TH	WAYNE, NE	68787			
JOANN COUTON	- 500 CITY	VIEW DR, V	NAHOO, N	E 68066		
WHITNEY JONES	- 605 S 6	TH ST. ALBI	ON. NE	68620		
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# Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

INCHINE LEAGUNE	CC122	<u></u>			1			
	filing for an Automatic 3-Month Extension, c filing for an Additional (Not Automatic) 3-Mo						•	<b>▶</b> 🗵
	plete Part II unless you have already been gr						rm 88	68.
a corporation	filing (e-file). You can electronically file Form on required to file Form 990-T), or an additional uest an extension of time to file any of the form	d (not auto	matic) 3-month extension of time.	You can	elec	etronic	cally f	ile Form
Return for 1	Transfers Associated With Certain Personal	Benefit C	ontracts, which must be sent to	the IRS	in	paper	r form	nat (see
	. For more details on the electronic filing of thi				narit	ies &	Nonp	rofits.
	Automatic 3-Month Extension of Time.							
	on required to file Form 990-T and reques							
	perauons (including 1120-6 mers), partnersin ne tax returns.	ps, nemio	s, and trusts must use Form 7004	to reque	si a	п ехте	insion	or ume
Type or	Name of exempt organization		· · · · · · · · · · · · · · · · · · ·	Employer	ride	ntifica	ation I	umber
print	NEBRASKA STATE BANDMASTERS A	SSOCIAT	rion	23-7083080				
File by the	Number, street, and room or suite no. If a P.O. bo							
due date for filing your	C/O 13310 "I" STREET							
return. See	City, town or post office, state, and ZIP code. For	a foreign ac	dress, see instructions.					
instructions.	OMAHA, NE 68137							
Enter the Re	eturn code for the return that this application is	s for (file a	separate application for each retur	n)				01
Application	n	Return	Application		Return			
Is For		Code	Is For					Code
Form 990	<del>** - ' * - '                           </del>	01	Form 990-T (corporation)	$\perp$	07			
Form 990-I		02	Form 1041-A					08
Form 990-	The second secon	03	Form 4720			09		
Form 990-1		04	Form 5227					10
	T (sec. 401(a) or 408(a) trust) T (trust other than above)	05	Form 6069				_	11
FOIII 990-	(trust other than above)	06	Form 8870					12
• The books	s are in the care of  GEORGE NELSON							
Telephone	e No. ► 402-330-7099	F	AX No. ► 440-330-0809					
	anization does not have an office or place of be							▶ □
• If this is fo	or a Group Return, enter the organization's fou	r digit Gro	up Exemption Number (GEN)		•		this is	
for the whol	le group, check this box ▶ 🗌 . If i	t is for par	t of the group, check this box	>	- [	land	attac	r h
a list with th	ne names and EINs of all members the extensi	on is for.						
	uest an automatic 3-month (6 months for a co						-,	
for th	until $\underline{\text{OCT 15}}$ , 20 $\underline{11}$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for:							
	calendar year 20 or							
►lx	tax year beginningMARCH_1	, 20	10 , and ending FEB 28			, 2	0 11	·
□c	hange in accounting period							
20 15 41.	a application in for Ear- 000 DL 000 DE 000	T 4700	6060					
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.							
	is application is for Form 990-PF, 990-T, 4	1720, or 6					+	
	nated tax payments made. Include any prior y				3b	\$	- /	
	nce due. Subtract line 3b from line 3a. Include yo	•			-	<del></del>		
(Elec	ctronic Federal Tax Payment System). See instruc-	tions.		13	3c	\$	_)	
Caution. If	you are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	453-EO a	and	Form	1 887	9-EO for

orm 8868 (Rev. 1-2011) Page 2							
If you	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and c	heck this box	▶ 🗆		
Note. C	Only complete Part II if you have already been gran	ited an aut	omatic 3-month extension on a pre	eviously filed F	orm 8868.		
f you	are filing for an Automatic 3-Month Extension, o	complete o	only Part I (on page 1).				
Part I	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the original (r	o copies nee	ded).		
Type o orint	r Name of exempt organization	Employer ident	oloyer identification number				
extended	le by the Number, street, and room or suite no. If a P.O. box, see instructions.						
due date for illing your City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter th	ne Return code for the return that this application is	s for (file a	separate application for each return	m)			
Applic Is For		Return Code	Application Is For		Return Code		
Form 9	990	01	門を行うのというないというできます。	1 35 2 3 3 3 3	ALE HOUSE		
Form !	990-BL	02	Form 1041-A		08		
Form	990-EZ	03	Form 4720		09		
Form	990-PF	04	Form 5227		10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	990-T (trust other than above)	06	Form 8870		12		
STOP	Do not complete Part II if you were not already gra	anted an a	utomatic 3-month extension on a p	reviously filed	Form 8868.		
• The b	ooks are in the care of ▶		·····				
•	hone No. ►	-	No. ►				
	organization does not have an office or place of b						
	is for a Group Return, enter the organization's fou						
	whole group, check this box ▶ 🗍 . If	•	t of the group, check this box .	🟲 🔲	and attach a		
	the names and EINs of all members the extension				·		
4	I request an additional 3-month extension of time	until	·	20			
5	For calendar year , or other tax year beginning	ng	, 20 , and endin	g	, 20		
6	If the tax year entered in line 5 is for less than 12 in	nonths, ch	eck reason:	☐ Final return			
	Change in accounting period						
7	State in detail why you need the extension BOOKS AND RECORDS INCOMPLE	CTE					
8a	If this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions.	D-T, 4720,	or 6069, enter the tentative tax, le	ss any 8a \$	;		
b	If this application is for Form 990-PF, 990-T,	4720, or 6	3069, enter any refundable credit	s and	<del></del>		
	estimated tax payments made. Include any price	or year ove	erpayment allowed as a credit ar	nd any			
	amount paid previously with Form 8868.			8b \$	;		
C	Balance due. Subtract line 8b from line 8a. Include yo (Electronic Federal Tax Payment System). See instruc		it with this form, if required, by using	EFTPS 8c \$	<u> </u>		
	Sign	ature and	d Verification		<del></del>		
	enalties of perjury, I declare that I have examined this form, incl rect, and complete, and that I am authorized to prepare this form		panying schedules and statements, and to	the best of my kno	wledge and belief, it is		
	The state of the s						
Signatur	* Coffee	Title ▶	CPA	Date ►	7-11-11		
	/ / /			For	m <b>8868</b> (Rev. 1-2011)		